



Denise Juneau, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

## RECEIVING STATE TO HOMEBASE SCHOOL DISTRICT/SITE MONTANA SECONDARY WITHDRAWAL FORM

### Secondary Contact Information

Date:

#### From

Name: \_\_\_\_\_  
School District: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### To

Homebase School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Student Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Homebase Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Student #: \_\_\_\_\_ Current Grade: \_\_\_\_\_

#### Instructional Program Participation

Term \_\_\_\_\_ Year \_\_\_\_\_

#### a) Courses for Credit (PASS, UT, Project SMART, etc.)

Course	Hours	PARTIAL CREDIT		Remainder of Materials available upon request (Y/N)
		Grade %	Materials Used (e.g., PASS, UT, etc.)	
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

#### SEMESTER CREDIT

Course	Grade
1. _____	_____
2. _____	_____
3. _____	_____

#### b) TAAS Preparation (Check all areas that apply): \_\_\_\_\_ Writing \_\_\_\_\_ Reading \_\_\_\_\_ Mathematics

#### Out-of-State TAAS Testing

Testing Dates

Sections

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### c) PreGED/GED Preparation

PreGED		GED	
Area of Study	Materials	Area of Study	Materials
_____	_____	_____	_____
_____	_____	_____	_____

#### d) Other information

1. Special Education Information Available \_\_\_\_\_
2. Health Problem Exists \_\_\_\_\_

NOTE: Please include completed form in the Texas Migrant Student Transfer Packet System.